



**Schedule**  
**CG-DIST**  
SF# 48681  
Revised 3/04

**Indiana Department of Revenue**  
**Charitable Contribution Distribution Listing**

**Complete this schedule if your organization made charitable contributions of gaming proceeds to other organizations and/or individuals. Attach to the Gross Receipts Report, Form CG-21 or CG-22.**

|                             |       |          |  |
|-----------------------------|-------|----------|--|
| Name (please type or print) |       |          | Indiana Taxpayer Identification Number (TID) |
| Street Address              |       |          |  |
| City                        | State | Zip Code | County                                       |

| Name of Organization or Individual to whom contribution was made | Their Federal I.D. Number, Indiana TID Number or Social Security Number | Check if they are a Qualified Organization <sup>1</sup> | Distribution Date | Amount Contributed to Organization or Individual |  |
|--|---|---|-------------------|--|--|
|  |   |   |                   | 1  |  |
|  |   |   |                   | 2  |  |
|  |   |   |                   | 3  |  |
|  |   |   |                   | 4  |  |
|  |   |   |                   | 5  |  |
|  |   |   |                   | 6  |  |
|  |   |   |                   | 7  |  |
|  |   |   |                   | 8  |  |
|  |   |   |                   | 9  |  |
|  |   |   |                   | 10   |  |
|  |   |   |                   | 11   |  |
|  |   |   |                   | 12   |  |
|  |   |   |                   | 13   |  |
|  |   |   |                   | 14   |  |
|  |   |   |                   | 15   |  |
|  |   |   |                   | 16   |  |
|  |   |   |                   | 17   |  |
|  |   |   |                   | 18   |  |

<sup>1</sup>See definition on the back

| Name of Organization or Individual to whom contribution was made                                   | Their Federal I.D. Number, Indiana TID Number or Social Security Number | Check if they are a Qualified Organization <sup>1</sup> | Distribution Date | Amount Contributed to Organization or Individual |
|--|---|---|-------------------|--|
|  |   |   |                   | 19   |
|  |   |   |                   | 20   |
|  |   |   |                   | 21   |
|  |   |   |                   | 22   |
|  |   |   |                   | 23   |
|  |   |   |                   | 24   |
|  |   |   |                   | 25   |
|  |   |   |                   | 26   |
|  |   |   |                   | 27   |
|  |   |   |                   | 28   |
|  |   |   |                   | 29   |
|  |   |   |                   | 30   |
|  |   |   |                   | 31   |
|  |   |   |                   | 32   |
|  |   |   |                   | 33   |
|  |   |   |                   | 34   |
|  |   |   |                   | 35   |
|  |   |   |                   | 36   |
| <b>Total amount distributed for charitable purposes.<br/> Add Lines 1 through 36 ..... TOTAL ➡</b> |   |   |                   |  |

<sup>1</sup>A *qualified organization*: 1) is a bona fide religious, educational, senior citizens, veterans, or civic organization operating in Indiana that is exempt from taxation under Section 501 of the Internal Revenue Code; 2) must have been continuously in existence for at least five years or be affiliated with a parent organization that has been in existence for at least five years; 3) may be a bona fide political organization operating in Indiana that produces exempt function income; and/or 4) may be a hospital, health facility or psychiatric facility licensed under IC 16-21-2, 16-28-2 and 16-28-2, respectively.

Under penalty of perjury, I have examined this schedule and, to the best of my knowledge and belief, it is true, complete and correct.



Signature of schedule preparer

Date

( )

Daytime telephone number

Attach additional sheets if necessary.